

Vermont Emergency Medical Services
108 Cherry St., P.O. Box 70
Burlington, VT 05402
(802) 863-7310 or 1-800-244-0911

Request For EMS Examination

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM

Exam Logistics

Written Exam: Date _____ Time _____ Location: _____ Course # _____

Practical Exam: Date _____ Time _____ Location: _____ Recert? Yes No

How many candidates can the test site accommodate at each level?

	<u>Written</u>	<u>Practical</u>		<u>Written</u>	<u>Practical</u>
FRECA Initial	_____	_____	EMT-B Recertification	_____	_____
FRECA Recertification*	_____	_____	EMT-Intermediate-90	_____	_____
ECA Transition Part #2	_____	_____	EMT-Intermediate-03	_____	_____
EMT-B Initial	_____	_____	EMT-I-03 Transition	_____	_____
FR to EMT Mod. # _____	_____	_____			

* Also used for Part #1 of the ECA to FRECA + 4 Transition

How many candidates will test at each of the following practical stations?

FRECA (initial, recert & trans):	_____ Trauma	_____ CPR	_____ Airway	_____ Bleeding Control
EMT-Basic Initial:	_____ Trauma	_____ Medical	_____ AED/CPR	_____ Spinal _____ Random
EMT-B Recertification:	_____ Trauma	_____ Medical	_____ AED/CPR	
EMT-I-90:	_____ Pt. Assessment	_____ Airway	_____ IV/Meds Administration	
EMT-I-03:	_____ Pt. Assessment	_____ Airway	_____ IV/Meds Administration	
I-03 Transition:	_____ AMS	_____ Diff Breath	_____ Chest Pain	

Exam Coordinator (Proctor)

Name: _____

Address: **Cannot be a Post Office Box** _____

Phone: _____

Email: _____

I agree to conduct this examination in accordance with the laws, rules and policies (including the Examination Coordinator's Manual as appropriate) of the Vermont Department of Health and the National Registry, as appropriate. If this request is for a Modules, ECA Transition or EMT-I-03 Transition exam, I have read and signed the attached **security agreement** stating that I understand my role and responsibilities as the exam proctor.

Exam Coordinator Signature _____ Date _____

Local Approval

EMS District # _____ requests that the Vermont Department of Health sanction the examination described above. The District Board understands that a district is allowed one examination requiring a state proctor with fewer than 25 candidates each fiscal year (July 1 – June 30). This examination (circle one) **IS / IS NOT** such an examination.

☐ District Chairperson Signature _____ Date _____

☐ District Training Coordinator Signature _____ Date _____

BELOW IS FOR OFFICE USE ONLY

Date received _____ Approved _____ Disapproved _____

VT EMS Signature _____ Staff _____ Course # _____

Request for EMS Examination 100622